

## FLUORIDE SUPPLEMENT PROGRAM SAMPLE SUBMISSION FORM

## Office of Laboratory Services Environmental Chemistry

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DONLAG	TORT OBLIC HEALTH					
SUBMITER	Provider Name:		_ Z	Name:		
	Address:		ENT	Address:		
	City, State, Zip:		PARENT GUARDI/	City, State, Zip:		
	Telephone No.:		а 6	Telephone No.:		
SAMPLING DATA	County:				First and Last Name	Age
	Sampling Point Description:			1)		
			EN	2)		
			CHILDREN	3)		
	Source of Water:   Well Cistern Other		ᆼ	4)		
	Date Collected:	Time:		5)		
	Collected by:			6)		
	LABORATORY US					
		RECEIVED BY:		METHOD OF SHIPPING:		
	Place Barcode Here					Document #: QCDEC-048-R3
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